



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Peak Integrated Healthcare

**Respondent Name**

Richardson ISD

**MFDR Tracking Number**

M4-25-1939-01

**Carrier's Austin Representative**

Box Number 53

**DWC Date Received**

April 21, 2025

### Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
February 13, 2025	97110-GP	\$171.51	\$0.00
February 13, 2025	97112-GP	\$140.02	\$0.00
February 18, 2025	97110-GP	\$171.51	\$0.00
February 18, 2025	97112-GP	\$140.02	\$0.00
February 20, 2025	97110-GP	\$171.51	\$0.00
February 20, 2025	97112-GP	\$140.02	\$0.00
<b>Total</b>		<b>\$934.59</b>	<b>\$0.00</b>

### Requestor's Position

"These bills were denied for 'precertification exceeded.' This is INCORRECT... Please note you approved these 6 sessions of physical therapy..."

**Amount in Dispute:** \$934.59

## Respondent's Position

"The services incurred were Physical Therapy and although there is a Preauthorization, the UR allowed for up to 4 units of PT, per session... It is our position that charges have been paid correctly, and no additional reimbursement is due."

**Response submitted by:** Claims Administrative Services, Inc.

## Findings and Decision

### Authority

This medical fee dispute is decided according to [Texas Labor Code §413.031](#) and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

### Statutes and Rules

1. [28 Texas Administrative Code §133.307](#) sets out the procedures for Medical Fee Dispute Resolution requests.
2. [28 TAC §134.600](#) sets out guidelines for the Preauthorization, Concurrent Utilization Review, and Voluntary Certification of Health Care.

### Adjustment Reasons

The insurance carrier reduced and/or denied payment for the disputed services with the following claim adjustment codes:

- P12 - WORKERS' COMPENSATION JURISDICTIONAL FEE SCHEDULE ADJUSTMENT.
- J31 - THE THERAPY SERVICE CODE HAS BEEN REDUCED PER THE MEDICARE MULTIPLE PROCEDURE RULE FOR THERAPY SERVICES.
- J16 - THIS PROCEDURE CODE WAS RANKED AS THE PRIMARY SERVICE WHEN CONSIDERED FOR MULTIPLE PROCEDURE REDUCTION. AS A RESULT, NO REDUCTION WAS TAKEN.
- 720 - PREAUTHORIZATION WAS APPROVED FOR A MAXIMUM OF 4 UNITS PER SESSION. UNITS BILLED EXCEED PREAUTHORIZATION AMOUNT FOR DATE OF SERVICE.
- 198 - PRECERTIFICATION/NOTIFICATION/AUTHORIZATION/PRE-TREATMENT EXCEEDED.
- W3 & 350 - IN ACCORDANCE WITH TDI-DWC RULE 134.804, THIS BILL HAS BEEN IDENTIFIED AS A REQUEST FOR RECONSIDERATION OR APPEAL.
- G15 - PRICING IS CALCULATED BASED ON THE MEDICAL PROFESSIONAL FEE SCHEDULE VALUE.

## Issues

1. Have the disputed services previously received any amount of reimbursement?
2. Are the insurance carrier's reasons for reimbursement reduction of CPT code 97110-GP and denial of CPT code 97112-GP supported?
3. Is the requester entitled to additional reimbursement?

## Findings

1. A review of the submitted explanation of benefits (EOB) finds the following previous reimbursements were allowed for the services in dispute:

<u>Date of service</u>	<u>CPT code</u>	<u>allowed amount</u>
February 13, 2025	97110	\$206.13
February 13, 2025	97112	\$0.00
February 18, 2025	97110	\$206.13
February 18, 2025	97112	\$0.00
February 20, 2025	97110	\$206.13
February 20, 2025	97112	\$0.00

DWC finds that on all disputed dates of service, reduced payments were allowed for CPT code 97110, and no payment was allowed for CPT code 97112. A review of the medical bills and EOBs finds that the total amount charged on the combined disputed dates of service was \$1,552.98. The total amount of reimbursements allowed for the combined disputed dates of service was \$618.39.

2. A review of the submitted explanation of benefits (EOB) finds that for all disputed dates of service, the insurance carrier reduced reimbursement for CPT code 97110-GP x 6 units and denied reimbursement for CPT code 97112-GP x 2 units. The insurance carrier applied the reduction and denial reason code 720, which asserts that preauthorization was approved for a maximum of four units per therapy session and that units billed exceed the approved number of units. In its response position statement, the insurance carrier upheld this reason code position.

CPT code 97110 is described as "Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility."

CPT code 97112 is described as "Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities."

28 TAC §134.600 which sets out preauthorization guidelines for specific treatments and services, states in pertinent part, "(p) Non-emergency health care requiring preauthorization includes: ... (5) physical and occupational therapy services, which includes those services listed in the Healthcare Common Procedure Coding System (HCPCS) at the following levels:

- (A) Level I code range for Physical Medicine and Rehabilitation, but limited to:
  - (i) Modalities, both supervised and constant attendance;
  - (ii) Therapeutic procedures, excluding work hardening and work conditioning;
  - (iii) Orthotics/Prosthetics Management;
  - (iv) Other procedures, limited to the unlisted physical medicine and rehabilitation procedure code... ”

Furthermore, 28 TAC 134.600(l) states, “(l) The insurance carrier shall not withdraw a preauthorization or concurrent utilization review approval once issued. The approval shall include:

- (1) the specific health care;
- (2) the approved number of health care treatments and specific period of time to complete the treatments;
- (3) a notice of any unresolved dispute regarding the denial of compensability or liability or an unresolved dispute of extent of or relatedness to the compensable injury; and
- (4) the insurance carrier's preauthorization approval number that conforms to the standards described in §19.2009(a)(4) of this title (relating to Notice of Determinations Made in Utilization Review).”

A review of the submitted documents finds a utilization review determination letter dated February 4, 2025, authorizing six sessions of physical therapy to be provided between the dates of February 4, 2025, and March 21, 2025. A review of the preauthorization determination letter finds that while the letter quotes a recommendation from the Official Disability Guidelines (ODG), there is no specified limitation on the number of minutes or units of service allowed per physical therapy session in the preauthorization of the therapy.

DWC finds that the insurance carrier’s reimbursement reduction reason for CPT code 97110 and denial reason for CPT code 97112, on all dispute dates of service, is not supported.

3. The requestor is seeking additional reimbursement in the total amount of \$934.59 for CPT codes 97110-GP and 97112-GP, rendered on February 13<sup>th</sup>, 18<sup>th</sup>, and 20<sup>th</sup> of 2025.

Per 28 TAC §133.307, “(c) Requests. Requests for MFDR must be legible and filed in the form and manner prescribed by the division... (2) Health Care Provider or Pharmacy Processing Agent Request. The requestor must send the request to the division in the form and manner prescribed by the division by any mail service, personal delivery, or electronic transmission as described in §102.5 of this title. The request must include: ... (M) a copy of all applicable medical records related to the dates of service in dispute.”

A review of the medical records submitted finds that the dates on the therapy logs submitted are not legible and therefore, DWC cannot determine if the number of units billed for each disputed date of service were provided on the dates for which they were billed. For this reason, no additional reimbursement can be recommended for the dates of service in dispute.

DWC finds that the requestor is not entitled to additional reimbursement for the dates of service in dispute.

Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requestor has not established that additional reimbursement is due.

**Order**

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to additional reimbursement in the amount of \$0.00 for the services in dispute.

**Authorized Signature:**

May 23, 2025

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

\_\_\_\_\_  
Date

**Your Right to Appeal**

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC §133.307, which applies to disputes filed on or after **June 1, 2012**.

A party seeking review must submit DWC Form-045M, *Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision (BRC-MFD)* and follow the instructions on the form. You can find the form at [www.tdi.texas.gov/forms/form20numeric.html](http://www.tdi.texas.gov/forms/form20numeric.html). DWC must receive the request within **20 days** of when you receive this decision. You may fax, mail, or personally deliver your request to DWC using the contact information on the form or the field office handling the claim. If you have questions about DWC Form-045M, call CompConnection at 1-800-252-7031, option 3 or email [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).

The party seeking review of the MFDR decision must deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with DWC. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** with any other required information listed in 28 TAC §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 1-800-252-7031, opción 3 o correo electrónico [CompConnection@tdi.tas.gov](mailto:CompConnection@tdi.tas.gov).